

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St Vincent's Hospital
<b>Centre ID:</b>	OSV-0000520
<b>Centre address:</b>	Athy, Kildare.
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<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Brena Dempsey
<b>Lead inspector:</b>	Nuala Rafferty
<b>Support inspector(s):</b>	Emma Cooke
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	102
<b>Number of vacancies on the date of inspection:</b>	14

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 21 September 2016 09:00 To: 21 September 2016 19:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Non Compliant - Moderate	Non Compliant - Moderate

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection monitored progress on the actions arising from the last registration inspection carried out on 17 February 2015. The inspection also considered information received by HIQA in the form of notifications and other relevant information. The provider had completed a self-assessment tool on dementia care in 2016 and had assessed the compliance level of the centre as follows: Compliant in Outcome 4: substantially compliant in Outcomes 1, 2,3 & 5 and moderately non compliant in Outcome 6.

Inspectors found a good standard of nursing care was delivered to residents in an atmosphere of respect and cordiality. Staff were observed to meet the needs of

residents calmly and with patience. Residents spoken too said they felt safe and they were happy living in the centre. Safe and appropriate levels of supervision were in place to maintain residents' safety in a low key unobtrusive manner during this inspection.

Overall there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. In particular there was a good system of governance and an emphasis on continual improvement. Some areas of ongoing improvement were identified with regard to medication management, care planning and activities.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Evidence of timely referral and review by a range of medical and allied health professionals was found with documented visits, assessments and recommendations by dietician speech and language therapists, physiotherapy and occupational therapist reviews.

Residents were also reviewed by opticians, dentists and chiropody services on a regular and as required basis.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident file reviewed had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for most identified needs.

A number of care plans referred to family involvement in the care planning process, where family were consulted for decision making or to seek and give information relating to the resident.

The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Most care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need and the reviews considered the effectiveness of the interventions to manage and/or treat the need. In

general nursing documentation was clear and co-ordinated. Risk assessments, care plans and nursing progress notes were linked and gave an overall picture of residents' current condition. Efforts to plan and deliver care in a person centred manner were also noted.

However, there were areas that needed to be improved. All care plans in place to manage responsive behaviours did not fully guide staff. Some positive behaviour support plans did not include the form the behaviours might take, triggers associated with the behaviour, distraction or de escalation techniques to manage the behaviours. Where medication formed part of the therapeutic care to manage associated behaviours, clear guidance was needed to ensure that medication was used only after other interventions had been tried and failed.

Care plans in place to manage risks of absconsion also needed to be more detailed.

Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre from the local hospital pharmacy department. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Inspectors observed nursing staff administering medicines to residents on one of the units. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurse took time to ensure each resident was comfortable before administering their prescribed medicines in a person centred manner. Medication administration practices were, overall found to adhere to current professional guidelines, but it was noted that all nurses were not signing the medication administration sheet to indicate that they had administered each prescribed medication on every occasion. It was also noted that where more than one medicine was prescribed as part of a therapeutic regime for responsive behaviours on a p.r.n. basis (medicine given occasionally on an as required basis) clear guidance on the appropriate therapy option was not in place.

Medication audits were conducted in the centre and inspectors reviewed a sample of those audits. It was noted that these audits were conducted by the external pharmacist with nursing inputs. These audits covered most aspects of good medication management practices, including storage, labelling and the administration of medicines and had also identified that nurses were not fully compliant with current guidance from the Irish Nursing Board on signing for administration. Actions to address this finding were being implemented by the management team including ongoing spot checks on medication practice, provision of further training and competence assessment. Medication errors were appropriately recorded and action plans associated with follow up on these medication errors included appropriate feedback to staff.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Staff who spoke with inspectors were knowledgeable regarding what constituted abuse and how to respond to suspicions or any allegation of abuse. Measures including policies to protect residents from being harmed or suffering abuse were in place and residents spoken with confirmed they felt safe and some knew who they would speak too if they were concerned. Relatives also confirmed that they did not have any concerns for the safety of their loved ones. There was a positive approach to the management of behaviours and psychological symptoms associated with dementia.

Staff spoken to by the inspectors confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. The system in place to manage resident's monies was fully reviewed on the most recent registration inspection and was found to be in line with current guidance.

A review of the use of restraint found that there was a reduction in the use of bed rails throughout the centre although bed rails were still in place for some residents. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as bed alarms, roll out mats and low- low beds was being established.

Evidence of alternatives considered or trialled was available and a clear rationale for use of bed rails was referenced in most risk assessments or in associated care plans. Where some plans did not include a clear rationale inspectors were told that use of bed rails was related to resident choice and this was confirmed in conversation with those residents.

Continuous efforts to develop and improve the quality and safety of care within the centre were evident. The person in charge and the clinical nurse specialist for dementia care were developing assessment tools with a rights based approach to safeguarding that referenced the Decision Making Capacity Act 2015.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Overall residents' rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms with privacy locks in use and the right to receive visitor's in private.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers or chatting in their bedrooms.

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes. Control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. The right to vote in national referenda and elections was facilitated with the centre registered to enable polling.

Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated. Inspectors also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person centred way. Staff were observed to take time to chat to each resident about their family, how they were feeling, what they had read in the newspapers or to discuss local community news. For those residents who sat apart alone and did not fully participate, staff made time to sit with them, hold their hand or chat to them quietly to try to dispel loneliness or boredom and encourage communication.

Information on the day's events and activities was prominently displayed in the centre. An activities coordinator, supported by a healthcare assistant, delivered the programme which included both group and one to one activities. Inspectors were told that one to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and that this time was used for sensory stimulation such as providing hand massages. Inspectors noted and staff confirmed that the time available for individual one-to-one activities was limited although inspectors found that there were residents who spent a lot of time in bed due to frailty or choice and some residents said they were lonely at times. Other dementia relevant activities were included in the programme such as reminiscence, imagination gym and sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation). Residents life stories were collated by staff who were aware of them and inspectors were told they would be used to inform reviews of the programme going forward.

Access to the community was facilitated through occasional trips to football matches or race meetings. The centre had a wheelchair accessible mini bus to facilitate the outings although it was acknowledged that, due to the bus size the numbers were limited to four or five residents per trip. Inspectors observed as an activity co-ordinator hosted a



baking session with a group of residents. The activity involved making buns but although some of the residents were involved in pouring on the chocolate topping inspectors noted that for the majority it was more of a social 'tea with cake' rather than a meaningful activity session.

Evidence that residents were given an opportunity to be involved and included in decisions about the life of the centre was found. A meeting was held generally monthly where residents were consulted about future activities or outings. These meetings were facilitated by an independent advocate and issues raised or suggestions made were brought to the attention of the person in charge. However it was not always clear or documented in the minutes when or how matters arising from the meetings were followed up or initiated. Opportunities for residents' relatives, advocates or next of kin to be involved or consulted about the running centre were also provided.

Inspectors spoke to a number of residents who expressed satisfaction with the care provided and many spoke warmly of the friendly and helpful attitude of staff. All said they felt very safe. In general residents were happy with the activities available although some men would like more sports options and others would prefer more opportunities to go into the local town. Residents who had a single bedroom considered themselves very fortunate and said it was great to have privacy.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and where required, daily intake charts were in place to monitor food or fluid intake.

Menus were available, although it was noted that these were only displayed on notice boards and were difficult for residents to see from a distance. They would also be difficult to interpret for residents with limited reading ability or sensory impairments. Increased use of assistive technology or visual cueing would be of benefit. All residents were offered choice at each meal. The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Assistance was discreet, good humoured and punctuated with lots of smiles. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity.

All residents were noted to be warmly and appropriately dressed with good attention to detail for nails, hair and accessories.

**Judgment:**

Substantially Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded in a timely manner. Complainants were notified of the outcomes but it was noted that the satisfaction or otherwise of the complainant further to issues being investigated was not documented in all instances. There was evidence that any resident who made a complaint had not been adversely affected by reason of the complaint being made.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection the inspectors found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place.

Regular staff gave notice on their availability to provide cover for unforeseen absences. Inspectors were told that the centre was currently experiencing a nursing deficit. Three posts were vacant and two other nursing staff were unavailable for duty due to other leave. The person in charge was actively recruiting nurses but in order to maintain safe standards of care was limiting admissions to an overall capacity of 104 until the vacant posts are filled. Inspectors were told it was hoped that the centre would revert to the full capacity of 116 beds by November.

A clinical nurse manager was responsible for supervising care for each of the five units. The clinical nurse manager was supported by the person in charge. In practice the clinical nurse manager, staff nurses and health care assistants provided direct care and each unit had a daily handover outlining the residents health and social care status and their changing needs.

Staff told the inspector they had received a broad range of training which included end of life care, infection control and dementia care. Records showed mandatory training in safeguarding, moving and handling and fire safety were also in place.

Minutes of staff meetings were held on a regular basis at unit level by each clinical nurse manager. Items discussed included areas of practice and issues arising. These meetings also discussed changes to the centre's policies and procedures.

A formal staff appraisal system was established that discussed the continuous performance and training of staff.

On review of a sample of staff files it was found that actions arising from the registration inspection related to Garda Vetting had been addressed.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Findings on this inspection replicated the findings of the registration inspection in that aspects of the centre did not meet the requirements of Regulation 17 or Standard 2.7 of the National Quality Standards for Residential Care Settings for Older People 2016.

Deficiencies in the design and layout of the building which is an old hospital style campus mainly relate to a high number of multi occupancy bedrooms that do not meet the full needs of residents in terms of privacy and dignity. However, the provider re-confirmed their commitment to replace the existing facility with a new building by 2021. In the interim, the capacity of the centre was reduced from an initial 125 beds to a current registered capacity of 116.

The provider was also committed to maintaining the fabric of the existing building and enhancing the environment to improve residents quality of life. Inspectors were told that plans for the refurbishment of the reception area with a small coffee dock for residents and their visitors were being progressed.

The premises and grounds were clean and well maintained. Grab rails and hand rails were installed where required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals.

Enclosed paved landscaped patio and garden areas were available for resident's use at each unit. All were well maintained, secure and directly accessible to residents.

Efforts to provide a warm comfortable and domestic environment were evident with lots of pictures and soft seating. Furnishings such as sideboards candles cushions and ornamentation were also used to create a relaxing inviting environment.

Evidence of improvements to appropriate signage and cueing to support freedom of movement for residents with dementia was also found. Picture cueing on bedrooms,

bathrooms and toilet areas were in place. Colour cueing was not yet in place in bathroom or toilet areas but inspectors were told that additional signage for these areas were on order.

As the provider has already given written assurances to HIQA of the plans in place to meet the Regulations and Standards by 2021 an action plan has not been included in this report in relation to the deficiencies of the premises.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### *Report Compiled by:*

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Vincent's Hospital
<b>Centre ID:</b>	OSV-0000520
<b>Date of inspection:</b>	21/09/2016
<b>Date of response:</b>	25/11/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

#### **1. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**

All residents will have an individualised and specific care plan that will guide staff on the appropriate interventions for each individual. The Care Plans will be reviewed during the next 6 weeks.

Proposed Timescale: Care plans reviewed by November 30th 2016, and additional assessments and care plans will be updated by 8th December 2016.

**Proposed Timescale:** 08/12/2016

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Medication administration did not fully comply with professional guidance for nurses and clear guidance for administration of p.r.n. or as required medicines was not provided where more than one option was prescribed.

**2. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**

An audit of all residents who have been prescribed prn psychotropic drugs has been undertaken and was completed on 07/11/2016. There is documented advice from the prescriber in relation to the appropriate use of psychotropic medications where more than one such drug is prescribed. This was completed on 10/11/2016

The Hospital Medication Management Policy will be amended to reflect these guidelines by December 31st and circulated to all wards by January 7th. Ward based nursing staff will receive a briefing session on the changes in the policy by January 15th 2017

**Proposed Timescale:** 15/01/2017

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Opportunities for purposeful or meaningful stimulation for all residents who remained in bed or in their bedrooms for long periods of time due to frailty or personal preferences

were limited.

**3. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**

A review of residents who are out of bed for 4 hours or less each day was completed on 02/11/2016.

A consultation process with the residents is currently being undertaken by the Activities Co-ordinator and will be completed by mid-January 2017.

Findings from the consultation process will inform a submission to be made to the HSE by January 31st 2017.

**Proposed Timescale:** 28/02/2017

**Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The satisfaction or otherwise of the complainant further to issues being investigated was not documented in all instances.

**4. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**

The Complaints Register documentation has been reviewed and amended to ensure that the complainant's level of satisfaction with the response is documented

**Proposed Timescale:** 10/11/2016

